DATE: March 21, 2006

TO: Wisconsin Emergency Management County Directors

FROM: Jerry Haberl, State Training Supervisor

SUBJECT: **RECRUITMENT FOR: Incident Command System (ICS) Train-the-Trainer – L449**

Wisconsin Emergency Management (WEM) in partnership with the Office of Justice Assistance, will offer the **L449 ICS Train the Trainer** course at Fort McCoy on **June 20-23, 2006**. The course will begin at **8:00 a.m.** on Tuesday, June 20th, and conclude at approximately **4:00 p.m.** on Friday, June 23, 2006. Dress is casual.

This course prepares participants to deliver EMI's ICS curricula to include ICS 100, ICS 200, ICS 300, and ICS 400 NIMS compliant curriculum. While ICS 100 and 200 courses are addressed, the major emphasis is on ICS 300 and 400.

<u>Selection Criteria:</u>
Course participants must have demonstrated a working knowledge of ICS through experience and/or training and have previously attended classes in adult education.

<u>Prerequisites:</u>
ICS 100, ICS 200, ICS 300, ICS 400, IS 700 and IS 800. NOTE: Students must have taken the Emergency Management Institute, US Department of Agriculture, National Fire Academy or National Wildfire Coordinating Group ICS courses. Other ICS courses will be reviewed for consistency with the ICS objectives prescribed by the NIMS Integration Center.

Participants should have worked as IC, or in command, or general staff positions on incidents that went longer than one operational period, or involved a written action plan and involved multi-agency coordination. *NOTE: Persons who previously completed E449 can deliver EMI's revised ICS curriculum without repeating E449 - Course Length: 4 days. CEUs: 3.1*

For participants traveling 50-miles or more, one way, and do not desire to commute, we will make reservations for participants at Fort McCoy. Wisconsin Emergency Management will provide lodging (*for those traveling 50 miles or more), and* meals for all participants; however, the cost of travel, and any other incidentals associated with your stay will be a local responsibility. Additional administrative information will be provided in letters of confirmation to be sent when the course roster is finalized.

Please have prospective participants complete the attached registration form, and return the form to Jerry Haberl (FAX 608-242-3247) no later than <u>May 20, 2006.</u>

Thank you for helping us to bring this NIMS training to your community. If you have any questions, or need further information, please call Jerry Haberl at (608) 242-3213 or email at <u>jerry.haberl@dma.state.wi.us</u>.

Encl: Registration Form

C: WEM Management Staff
         Regional Offices
         Hazardous Materials Response Teams
         Lisa Olson-McDonald

L449 INCIDENT COMMAND SYSTEM Train-the-Trainer
June 20-23, 2006
Fort McCoy, WI

Please complete the information below and send it to your County Director by May 19, 2006. County Directors must submit this registration to their Region Office no later than May 20 2006. Due to the demand for emergency management training, we recommend that you submit your applications as soon as possible.
(Reproduce this sheet locally for additional people.)

(please print clearly)

NAME_____SIGNATURE_____

TITLE_____AGENCY_____

SOCIAL SECURITY NUMBER_____
(MUST BE PROVIDED TO REGISTER)

HOME ADDRESS_____

CITY_____ZIP_____COUNTY_____

WORK PHONE #_____FAX_____

E-MAIL_____DATE OF BIRTH:_____

> **State Privacy Provision**
> **Authorization: Wisc Stats 166.03 and E.O. 9397.**
> **Disclosure: Disclosure of personal information is voluntary; however, nondisclosure may result in delay in processing your application. Secondary Purpose: In accordance with Wisconsin Privacy Provision 15.04(m) Wisc Stats, the personal information you provide may be used for purposes other than for which it was collected.**

LODGING INFORMATION

_____I live within 50 miles and don't need a room.

_____I live over 50 miles, please reserve a room for me as indicated below:

PLEASE CIRCLE THE NIGHTS THAT YOU NEED A ROOM

Monday, June 19, 2006   **Wednesday June 21, 2006**
Tuesday, June 20, 2006   **Thursday, June 22, 2006**

Do you require any special accommodations for a physical disability?

SIGNATURE OF IMMEDIATE SUPERVISOR:_____

SIGNATURE OF COUNTY EM DIRECTOR_____

SIGNATURE OF REGION DIRECTOR: _____